

FRENCHTOWN CHARTER TOWNSHIP
APPLICATION FOR CERTIFICATE OF OCCUPANCY
2744 VIVIAN ROAD, MONROE, MI 48162
PHONE: 734.242.5900 EXTENSION #4
FAX: 734.242.1634

Application Date: _____ Parcel ID# _____

Location for which Certificate of Occupancy is requested: _____

Name of Business Intended to occupy space: _____

Basic Description of Business Proposed to Occupy Building: _____

Business Owners Name: _____

Business Owner Mailing Address _____

**** Also Include a Written Letter with Detailed description of use, floor plan and site plan. ****

Type of Certificate of Occupancy Requested (circle one) FULL or TEMPORARY

Property Owner's Name: _____

Property Owner's Address: _____

Property Owner's Telephone Number: _____

Applicant's Name: _____

Applicant's Phone Number: _____ **Email:** _____

Applicant's Relationship to Property Owner (i.e. Lessee, Tenant, etc.):

Indicate whether Applicant is an Individual, LLC, Corp. and if Applicant is an entity indicate state where incorporated or organized

Current Zoning: _____

Building Use: _____

Permit Number Associated with C of O (if any): _____

Construction Type: _____

Occupancy Load: _____ Square Footage: _____

Sprinkled: (yes) or (no)

Use Classification:

- | | | |
|---|---|---|
| <input type="checkbox"/> (A-1) ASSEMBLY (THEATRES, ETC.) | <input type="checkbox"/> (H-1) HIGH HAZARD (DETONATION) | <input type="checkbox"/> (M) MERCANTILE |
| <input type="checkbox"/> (A-2) ASSEMBLY (RESTAURANTS, BARS, ETC.) | <input type="checkbox"/> (H-2) HIGH HAZARD (DEFLAGRATION) | <input type="checkbox"/> (R-1) RESIDENTIAL 1 (HOTELS, MOTELS) |
| <input type="checkbox"/> (A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC.) | <input type="checkbox"/> (H-3) HIGH HAZARD (COMBUSTION) | <input type="checkbox"/> (R-2) RESIDENTIAL 2 (MULTIPLE FAMILY) |
| <input type="checkbox"/> (A-4) ASSEMBLY (INDOOR SPORTS, ETC.) | <input type="checkbox"/> (H-4) HIGH HAZARD (HEALTH HAZARD) | <input type="checkbox"/> (R-3) RESIDENTIAL 3 (CHILD & ADULT CARE) |
| <input type="checkbox"/> (A-5) ASSEMBLY (OUTDOOR SPORTS, ETC.) | <input type="checkbox"/> (H-5) HIGH HAZARD (HPM) | <input type="checkbox"/> (R-4) RESIDENTIAL 4 (ASSISTED LIVING) |
| <input type="checkbox"/> (B) BUSINESS | <input type="checkbox"/> (I-1) INSTITUTIONAL 1 (SUPERVISED) | <input type="checkbox"/> (S-1) STORAGE 1 (MODERATE HAZARD) |
| <input type="checkbox"/> (E) EDUCATION | <input type="checkbox"/> (I-2) INSTITUTIONAL 2 (HOSPITALS ETC.) | <input type="checkbox"/> (S-2) STORAGE 2 (LOW HAZARD) |
| <input type="checkbox"/> (F-1) FACTORY (MODERATE HAZARD) | <input type="checkbox"/> (I-3) INSTITUTIONAL 3 (PRISONS ETC.) | <input type="checkbox"/> (U) UTILITY (MISCELLANEOUS) |
| <input type="checkbox"/> (F-2) FACTORY (LOW HAZARD) | <input type="checkbox"/> (I-4) INSTITUTIONAL 4 (DAY CARE ETC.) | |

Indicate whether Owner or Applicant is indebted to Township for any fees, charges, taxes or other indebtedness or whether there are outstanding sums owing as to Property? _____
If yes please explain: _____

I hereby state and affirm that the information above is true and correct.

Owner's Signature: _____

Print Name and Title: _____

Applicant's Signature: _____

Print Name and Title: _____

Fee of \$35 due at time of submission, payable by **cash or check made out to Frenchtown Township.**

_____	_____
Building Inspector	Date
_____	_____
Electrical Inspector	Date
_____	_____
Mechanical Inspector	Date
_____	_____
Plumbing Inspector	Date
_____	_____
Fire Inspector	Date
_____	_____
Building Official	Date